

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 05-28-04.

I. DISPUTE

Whether there should be reimbursement for prescription medications for dates of service 08-26-03 through 02-25-04 for Propoxyphene, Hydrocodone and Vioxx.

II. FINDINGS

REQUESTOR POSITION: Requestor has not been reimbursed by carrier for prescription medications after receipts submitted to carrier.

RESPONDENT POSITION: Carrier has denied services per the fee guideline.

III. RATIONALE

Prescription medication Propoxyphene dates of service 08-26-03, 09-17-03, 10-23-03, 11-07-03 and 11-19-03 (5 DOS) denied with denial code "F" (fee guideline MAR reduction). The carrier has not made any payment. Reimbursement is recommended in the amount of \$10.00 (\$2.00 X 5 DOS).

Prescription medication Hydrocodone dates of service 09-18-03, 09-25-03 and 10-01-03 (3 DOS) denied with denial code "F" (fee guideline MAR reduction). The carrier has not made any payment. Reimbursement is recommended in the amount of \$6.00 (\$2.00 X 3 DOS).

Review of prescription medications for Propoxyphene date of service 09-03-03 and 10-15-03 and Hydrocodone date of service 10-07-03 revealed that neither the requestor nor the respondent submitted copies of EOBs. The requestor submitted convincing evidence of carrier receipt of the requestors request for EOBs in accordance with Rule 133.307(e)(2)(B). Reimbursement is recommended in the amount of \$6.00 (\$2.00 X 3 DOS).

Prescription medication Vioxx for dates of service 11-11-03, 12-03-03 and 02-25-04 denied with denial code "F" (fee guideline MAR reduction). The carrier made a payment on date of service 02-25-04 in the amount of \$88.77. No payment has been made for dates of service 11-11-03 and 12-03-03. Reimbursement for dates of service 11-11-03 and 12-03-03 is recommended in the amount of \$32.26 (\$16.13 X 2 DOS) and additional reimbursement for date of service 02-25-04 of \$10.12 is recommended.

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for prescription medications for dates of service 08-26-03 through 02-25-04 for Propoxyphene, Hydrocodone and Vioxx.

V. ORDER

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with Rule 134.503, plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 08-26-03 through 02-25-04 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

The above Findings and Decision and Order are hereby issued this 6th day of December 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh